



STATE AND CONSUMER SERVICES AGENCY • ARNOLD SCHWARZENEGGER, GOVERNOR
Dental Board of California
2005 Evergreen Street, Suite 1550, Sacramento, CA 95815
P (916) 263-2300 F (916)263-2140 www.dbc.ca.gov



Application for Continuing Education Provider

Business & Professions Code § 1645, Title 16 CCR §§ 1016-1017

Non-Refundable Fee: \$250 (Must accompany application)

Applicant must certify by initialing each box below that the provider organization has met and will continue to meet all of the following requirements.

For Office use only	
Receipt	RC
Date filed	\$
Approved	Denied
RP#	

1. Name of provider organization _____ 2. Telephone Number _____

3. Street address of provider organization _____ City _____ State _____ Zip _____

4. Mailing address of Provider Organization _____ City _____ State _____ Zip _____

5. Name of contact person of provider organization _____ 6. Telephone Number _____

7. Fax Number _____

8. Provider organization is a/an:

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Individual
Partnership
Corporation
Government Agency

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Dental Society
Dental Specialty Group
Health Facility
Educational Institute

Corporate Number _____

10. Describe the goals/objectives of the CE program, and include any outlines, summaries, or brochures pertaining to the course (s). Pursuant to proposed regulations, mandatory CE courses must be approved in advance.

Courses of Study

11. Each course of study will be conducted on the same educational standards of scholarship and teaching as that required of a true university discipline, and be supported by those facilities and educational resources necessary, and comply with this requirement. Initial: _____

12. Each course of study offered will clearly state educational objectives that can be realistically accomplished within the framework of that course. Initial: _____

13. Describe anticipated teaching methods for courses of study for continuing education:

- ☐ Lecture
- ☐ Seminar
- ☐ Clinical.
- ☐ Audiovisual
- ☐ Simulation
- ☐ Interactive live-time (computers, telephone or video conferencing, or other electronic mediums)
- ☐ Non-interactive home study (computers, tape recorded and correspondence courses)
- ☐ Other (describe) _____

~~14. Participants completing courses of study for credit will be asked to provide a written evaluation of the quality of the course.~~ Initial: _____

14 ~~15~~. All courses offered will be a means of an orderly learning experience in an area of study pertaining to dental and medical health, preventive dental services, diagnosis and treatment planning, clinical procedures, basic health sciences, dental practice administration, or the Dental Practice Act and other laws specifically related to dental practice which is designed to directly enhance the licensee's knowledge, skill or competence in the provision of service to patients or the community. Initial: _____

15 ~~16~~. Courses of study offered for continuing education credit will be available to all dental and dental auxiliary licensees. Initial: _____

Instructors

16 ~~17~~. Each instructor will have education and experience of at least two years in the subject being taught. Initial: _____

Records

17 ~~18~~. The provider will furnish written certification to each licensee that the licensee has met the attendance requirement of the course and contain the licensee's name and license or permit number, the provider's name, the 11 digit course registration number in the upper left hand corner of the certificate, date or dates attended, number of units earned, and a place for the licensee to sign and date to verify attendance. Initial: _____

18 ~~19~~. The statement, "completion of this course does not constitute authorization for the attendee to perform any services that he or she is not legally authorized to perform based on his or her license or permit type," will be contained on the certification of course completion. Initial: _____

19 ~~20~~ The certification of the course completion will be signed by the provider or providing entity and contain the statement, "All of the information contained on this certificate is truthful and accurate."

Initial: _____

20 ~~21~~ Describe how "Certificates of Completion" will be distributed to licensees.

21 ~~22~~ The provider is aware of the record keeping requirements specified in Section 1016(e) in the event the Board conducts an audit of those courses offered for continuing education credit.

Initial: _____

22 ~~23~~ The provider is aware of biennial report due at the time of provider renewal which includes a list of all courses offered for credit, and their course names and qualifications of each instructor, and a summary of the content of each course of study.

Initial: _____

23 ~~24~~ The provider is aware that duplicate certificates may only be issued to a person whose name is on the original roster of course attendees and must state, "Duplicate."

Initial: _____

Acknowledgement

24 ~~25~~ The provider has reviewed Business & Professions Code § 1645 and California Code of Regulations, Sections 1016 and 1017.

Initial: _____

25 ~~26~~ The provider agrees to abide by the requirements set forth in Business and Professions Code, Section 1645 and California Code of Regulations, Sections 1016 and 1017. The provider acknowledges that failure to do so may result in loss of provider status.

Initial: _____

Certification

I certify under the penalty of perjury under the laws of the State of California that the statements made in the application are true and correct, and that all courses offered for continuing education credit will meet the requirements set forth by the Board.

Signature of provider administrator

Date

INFORMATION COLLECTION AND ACCESS

The information requested herein is mandatory and is maintained by Dental Board of California, 2005 Evergreen Street, Suite 1550, Sacramento, CA 95815, Executive Officer, 916-263-2300, in accordance with Business & Professions Code, §1600 et seq. The information requested will be used to determine eligibility. Failure to provide all or any part of the requested information will result in the rejection of the application as incomplete. Each individual has the right to review the personal information maintained by the agency unless the records are exempt from disclosure. Applicants are advised that the names(s) and address(es) submitted may, under limited circumstances, be made public.